

Foster Family Home - Corrective Action Report

Provider ID: 1-587751

Home Name: Melanie Jovenal, CNA

Review ID: 1-587751-8

91-1043 Kailoa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

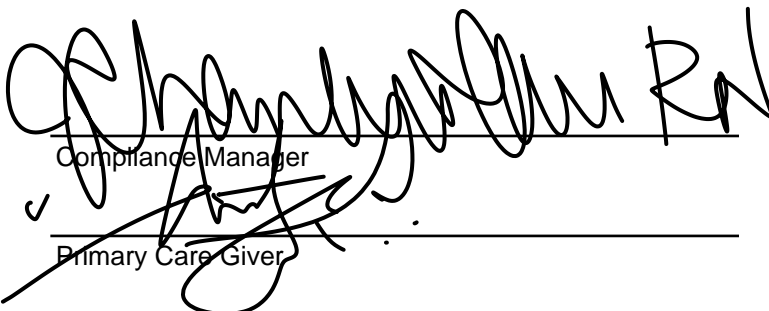
Begin Date: 6/23/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



Compliance Manager



Primary Care Giver

6/24/21

Date

6/24/21

Date